

**SPECIAL BULLETIN**  
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# **Missouri MEDICAID**



# **Bulletin**

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### **PROGRAM OVERVIEW**

The Independent Living (IL) Waiver is a new Home and Community Based Services waiver. Available services includes consumer-directed care for individuals age 18-64 with physical and/or cognitive disabilities. Also included are case management, specialized medical equipment and supplies, and environmental accessibility adaptations. All waiver participants must be active Medicaid participants assessed at nursing home level of care and able to direct their own care.

The waiver provides services beyond the scope of the Medicaid state plan which includes personal care services available through the Division of Vocational Rehabilitation (DVR) and the Division of Aging (DA). The Division of Vocational Rehabilitation is the day-to-day administrator of the waiver while the Division of Medical Services, as the State Medicaid Agency, retains overall authority for waiver operations.

### **CENTERS FOR INDEPENDENT LIVING - PROVIDER RESPONSIBILITIES**

The IL Waiver will require the Centers for Independent Living (CIL) to perform the following tasks:

- Assist DVR in program outreach for possible participants.
- Maintain a list of possible personal care attendants for participants.
- Process inquiries and problems received from participants.
- Review attendants' time sheets for accuracy, signatures and file a copy in the participant's case record.
- Perform duties necessary to coordinate payroll processing.
- Maintain the participant's case record.
- Conduct assessments and annual reassessments of the need for IL waiver services.
- Provide training to participants on how to hire, terminate, and train attendants. Also provide training on how to complete time sheets for attendants.
- Develop and/or review of a written Plan of Care.
- Conduct periodic utilization reviews to assure that provided services are necessary and are being performed properly.
- Participate in Medicaid policy training as deemed necessary.
- Maintain confidentiality of participant records and eligibility information received from DVR and/or the Department of Social Services (DSS).

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**WAIVER REQUIREMENTS**

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Services provided through Centers for Independent Living will be arranged for and paid through the Center for Independent Living with participant written authorization of the purchase. IL Waiver participants have complete access to choose any qualified provider who can meet their personal service needs.

- **Evaluation** - An initial evaluation must be performed to determine whether a participant requires the level of care provided in a nursing home. This is to determine if a participant may participate in the IL waiver. Reevaluations must be performed annually.
- **Assessment** - An assessment must be performed on each participant to determine which waiver services are needed to prevent institutionalization and whether waiver services are an acceptable alternative to institutional care.
- **Plan of Care** - The Plan of Care for the participant is developed prior to the start of any IL waiver service. A team consisting of the participant (or their designee), an Independent Living Specialist, and an Occupational Therapist, a Physical Therapist, or a Registered Nurse develops the Plan of Care. The Plan of Care must describe the medical and other services (regardless of funding source) that will be furnished, their frequency, and the type of provider who will furnish them.

All Plans of Care will be reviewed and approved or rejected by the Division of Vocational Rehabilitation. Plans of Care will be reviewed at least every twelve (12) months by the case manager. The Plan of Care will be kept in the participant's file by the Center for Independent Living. Any change in the type or scope of the services a participant is receiving will necessitate a revised Plan of Care being sent to DVR for approval.

- **Freedom of Choice** - The Participant Choice form gives the participant the ability to determine the direction and scope of their care by indicating on the form if they prefer to enter or remain in a nursing facility, receive services under the IL waiver, or explore other options at this time. If the consumer chooses to receive IL waiver services, they are further directed to choose if they wish to self-direct those personal care services or to delegate the self-direction of services. The IL Waiver participants are also given a choice of providers if they do not already have a provider selected.

- **Fair Hearings** - All IL Waiver participants have the right to appeal a decision regarding their IL waiver benefits and services. Participants can also request a fair hearing if they believe their civil rights have been violated. Participants are required to report, in a timely manner, to the Centers for Independent Living and the Division of Family Services any changes in income, resources, living arrangements, or services which may affect their case.

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**COVERED SERVICES**

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- **Personal Care** - Personal Care assistance services are those services required by a disabled person to enable him/her to perform routine tasks necessary to live independently. Services include assisting participants in accomplishing any Activity of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs) associated with Normal Rhythms of the Day that they would normally do for themselves in the absence of the disability.
- **Specialized Medical Equipment & Supplies** - Specialized medical equipment and supplies include devices, controls, or appliances which enable individuals to increase their abilities to perform activities of daily living. They also allow participants to perceive, control, or communicate with the environment in which they live. Items falling into this category must be specified in the Plan of Care. This service also includes items necessary for life support; ancillary supplies and equipment; and durable and non-durable medical equipment which is not available under the Medicaid State plan. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State plan and shall exclude those items which are not of direct medical or remedial benefit to the individual. All items shall meet applicable standards of manufacture, design and installation.
- **Environmental Accessibility Adaptations** - Environmental Accessibility Adaptations (Home Modifications) are physical adaptations to the home which are necessary to ensure the health, welfare, and safety of the individual. They may also enable the individual to function with greater independence in the home possibly preventing institutionalization. Any modifications under this waiver service must be specified in the Plan of Care. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, or the modification of bathroom facilities. All services shall be provided in accordance with applicable State and/or local building codes.
- **Case Management** - Case Management is required for all Independent Living waiver

participants. Case Management assists waiver participants in accessing needed waiver and other State plan services. Case management is also designed to further aid the participant in obtaining any needed medical, social, or educational services besides those provided by Medicaid or the waiver.

Case managers shall be responsible for ongoing monitoring of the provision of services included in the individual's Plan of Care.

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**LIMITATIONS**

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- **Self Directed Personal Care** - State Plan personal care services must be exhausted prior to accessing waiver personal care services.
- **Specialized Medical Equipment & Supplies and Environmental Accessibility Adaptations** - These waiver services are subject to a combined spending limit of \$7500 per participant life time. Tangible equipment or hardware may be substituted for personal care services when it is identified as a cost-effective alternative on the individual's Plan of Care.
- **Case Management** - Limited to one unit of service per waiver year.

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**REIMBURSEMENT**

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<i><u>TOS</u></i>	<i><u>Proc. Code</u></i>	<i><u>Description</u></i>	<i><u>Payment</u></i>
1	Y9482	Personal Care Through Centers (1 hour = 1 unit)	\$ 11.94
1	Y9483	Case Management (1 year = 1 unit)	\$100.00
1	Y9484	Specialized Medical Equipment & Supplies	\$100.00
1	Y9485	Environmental Accessibility Adaptations	\$100.00

The participant submits a time sheet every two weeks to the Center for Independent Living (CIL). The CIL verifies the time is correct and sends the information to the Division of Vocational Rehabilitation (DVR) who then forwards it to a fiscal intermediary who generates a payroll check. The payroll check is mailed to the Personal Care attendant. DVR will then submit a claim for the services to Division of Medical Services for reimbursement.

If you have any questions regarding this bulletin, please contact our Provider Communications Unit at 573-751-2896 or 800-392-0938.